

I PART

CSHP Infrastructure and Process Evaluation Defined

- **The need for CSHP infrastructure**
- **Definitions of CSHP infrastructure, process evaluation, and other key terms**
- **The purpose of process evaluation in infrastructure implementation**
- **Process elements**
- **Time line for implementation**

THE NEED FOR CSHP INFRASTRUCTURE

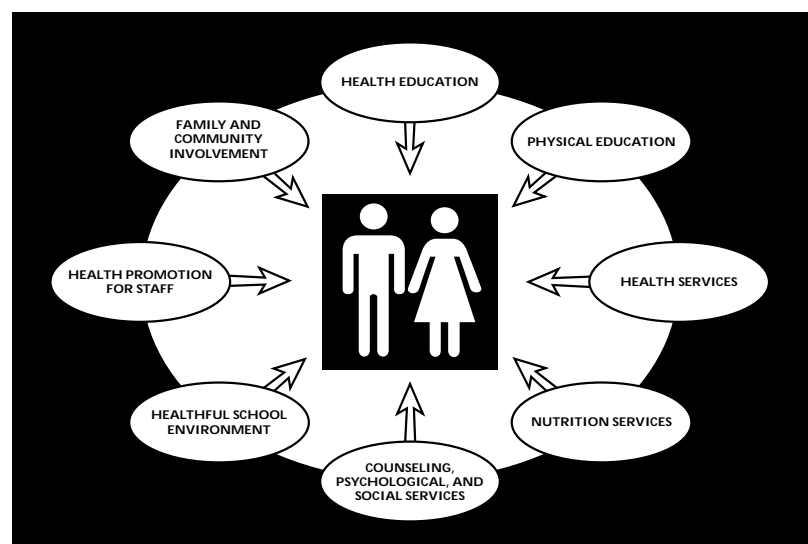
Most causes of health threats to children and adolescents result from six categories of behaviors: tobacco use; unhealthy diet; insufficient physical activity; sexual behaviors resulting in human immunodeficiency virus infection, other sexually transmitted diseases, and unintended pregnancy; alcohol and drug use; and behaviors resulting in intentional and unintentional injuries. School health interventions that specifically target these six behaviors could be most effective in reducing the premature onset of lifestyle-related disease.

The CSHP is defined as a planned and coordinated school-based program designed to enhance child and adolescent health. The program consists of eight components, including healthful school environment; health services; health education; physical education; counseling, psychological, and social services; nutrition services; family and community involvement; and health promotion for staff (Figure 1). The main premise of this definition is that a model involving all aspects within EAs and HAs in a planned CSHP will (1) eliminate program gaps and overlaps, (2) provide more effective programming, and (3) improve the school's ability to enhance

the health of children and adolescents. Today, all eight components are represented in state education agencies and are present to some extent in local school districts and agencies and in most schools. They also are represented to some degree in HAs. Nevertheless, the components are seldom well planned or coordinated within EAs or with comparable programs in HAs.

For the CSHP to exist and perform consistently over time, it must be fully institutionalized within EAs and HAs and supported

FIGURE 1. A COORDINATED SCHOOL HEALTH PROGRAM



by an infrastructure. Without appropriate institutionalization and infrastructure, the long-term potential impact of a CSHP is diminished. The history of school health education serves to illustrate this point.

For many years, the U.S. public school curriculum has included school health education in various forms; however, the extent and quality of the health curriculum differs greatly from state to state and school district to school district. Furthermore, the extent to which school health education is emphasized and implemented may vary greatly over time. For instance, an increased emphasis on health education may occur with the emergence of a health threat, such as drug abuse or human immunodeficiency virus. When the threat seems to abate or another important issue arises, the emphasis on health education often wanes. In addition, there is a tendency to address new health issues through categorical programs and funding rather than through a long-term, comprehensive school health education (CSHE) approach.

These circumstances accentuate two pervasive challenges facing school health education: (1) overcoming a lack of consistent, long-term commitment to health education within the public school establishment; and (2) answering questions about the effectiveness of school health education in influencing behaviors that prevent health problems. Several innovations have recently been proposed to address these challenges.

The first innovation has been the dissemination of a CSHP model. As is true of the other seven CSHP components of the model, health education is more effective in addressing health issues when supported by other school-based programmatic components. Such components, when optimized, contribute to a safe and secure school climate, provide supplemental services for health-risk students, and create systemic

support for positive health behaviors. Each of the eight components is more effective when provided within the broader context of the CSHP model.

The second innovation has been the movement toward institutionalization of a CSHP infrastructure. Currently, all aspects of the CSHP are subject to changes in resource allocation and perceived importance vis-à-vis the traditional academic curriculum (e.g., language arts, science, mathematics, fine arts, foreign language) and noninstructional areas (e.g., administration, athletics, support staff) because the infrastructure of support for CSHPs has not been widely institutionalized in EAs. Furthermore, although both state and local health authorities have responsibility for programs that address child and adolescent health issues, such programs have not been closely coordinated with similar efforts in schools. An infrastructure that includes placement of administrative authority for school health at the highest levels of the EA in conjunction with finely coordinated action by the HA is needed to institutionalize the CSHP so that it receives consistent and continuous support within the overall public school and community program.

CDC/DASH has recently funded initiatives in multiple state education agencies. These initiatives are designed to promote strategies that (1) build a coordinated education and health agency infrastructure to support CSHPs, and (2) strengthen CSHE to prevent important health risk behaviors and health problems.

WHAT IS MEANT BY CSHP INFRASTRUCTURE?

The CSHP infrastructure refers to the basic system on which the larger CSHP program depends for continuance and growth. When fully implemented, the CSHP infrastructure will enable each state and community to establish a collaborative organizational pattern that facilitates communitywide planning, implementation, and evaluation of activities to help schools implement CSHPs that are consistent with community values and needs.

The CSHP infrastructure includes four main supports: authorization and funding, personnel and organizational placement, resources, and communication and linkages. Each of the supports can be broken down into multiple subcategories. The supports exist in some form within every state and community, but may take various forms in different states and communities and may be found in different locations within state and local governments. To successfully establish and perpetuate a CSHP infrastructure, the CSHP leadership must be aware of the location, status, functional level, and quality of these four supports, as well as how to influence the supports over time.

Authorization and Funding

Establish the purpose, structure, and function of the infrastructure and the commitment to infrastructure development. Important subcategories include

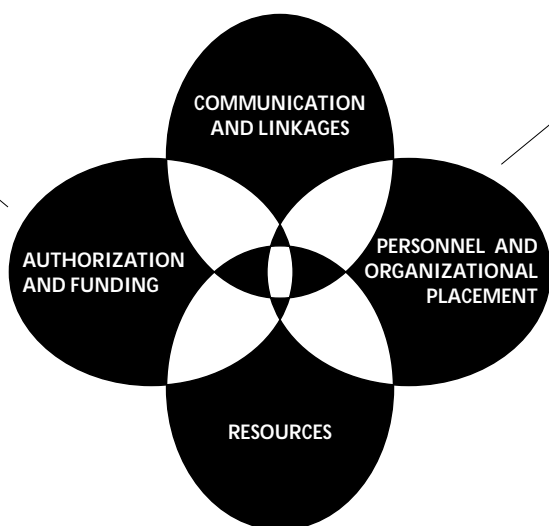
- Directives (laws, statutes, codes, policies, regulations, mandates, operating procedures, and written agreements at multiple levels).
- Financial resources (federal, state, county, city, local, and private sources).

NOTE: The development of a highly functional and successful CSHP infrastructure requires a commitment from those agencies with the major responsibilities for health and education. Specific people are needed to give full attention to the development and continued operation of this infrastructure and to evaluate the infrastructure development process and its results. Therefore, CDC has emphasized state health and education agency commitment to creating infrastructure positions, as well as staffing these positions, as priorities for funding. Commitment and staffing do not constitute the infrastructure. Rather, they are necessary first steps in initiating an infrastructure that fosters continuance and growth of the CSHP.

Communication and Linkages

Build capacity, establish or strengthen linkages and collaboration, facilitate advocacy efforts and constituency recruitment, promote broad-based decision making, and allow effective resolution of disagreements. Important subcategories include

- Communication and collaboration within HAs (informal, formal, and technical networks and social marketing campaigns).
- Communication and collaboration within EAs (informal, formal, and technical networks and social marketing campaigns).
- Communication and collaboration between EAs and HAs (informal, formal, and technical networks and social marketing campaigns).
- External communication and collaboration between EAs and HAs and other stakeholders in child and adolescent health (informal, formal, and technical networks and social marketing campaigns).



Personnel and Organizational Placement

Provide access to decision makers at the highest levels, effective management and operation of the infrastructure, accountability for the completion of tasks, authority for making decisions, and commitment to the CSHP. Important subcategories include

- People (key decision makers, people with responsibility, and people with appropriate preparation, experience, and maturity).
- Positions (CDC-funded infrastructure leadership positions, responsibilities, and parameters within agencies; position descriptions; and position requirements).
- Hierarchical and organizational placement (location in EA, HA, and other agency structures; lines of responsibility; lines of authority and decision making; and team membership).
- Physical placement (office space, proximity to others, meeting space, location, and quality of space).

Resources

Provide for development, continued functioning, and administration of the CSHP infrastructure. Important subcategories include

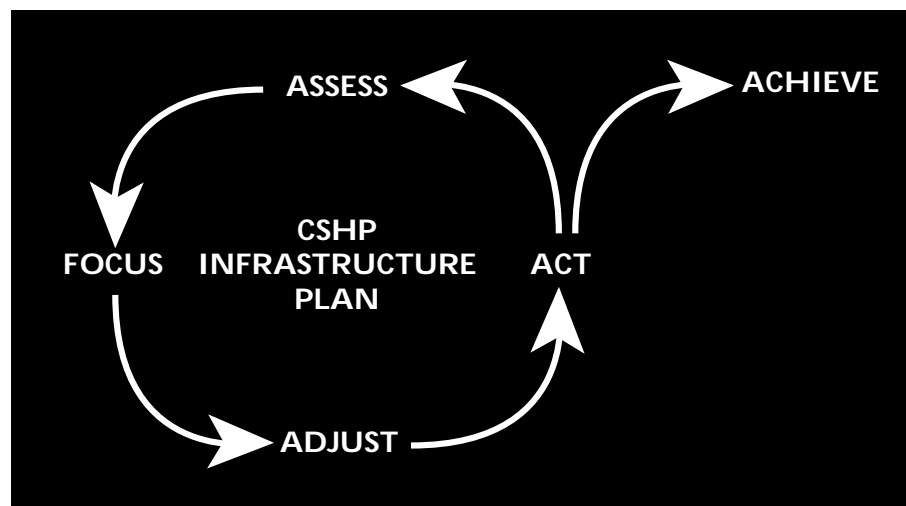
- Human resources (support staff, consultants, and contractors).
- Technological resources (hardware and software).
- Data and data systems and sources (health risk and epidemiologic data, epidemiologic data systems, libraries, and information centers).
- Inservice supports (training systems, resource centers, and statewide networks).
- External supports (volunteer, professional, and philanthropic agencies; institutions of higher education; and parent and community groups).

WHY CSHP INFRASTRUCTURE PROCESS EVALUATION?

Professionals in many organizations routinely develop one-year or multi-year program plans. However, planning does not guarantee that a given plan will be initiated, completed as written, or completed at all. This is as true in EAs and HAs as it is in other types of organizations. Once a plan for CSHP infrastructure development is established, additional procedures should be developed to evaluate whether and how well the plan can be implemented over time. This is the function of process evaluation.

Process evaluation is designed to document the degree to which program procedures were conducted according to a written program development plan. Major aspects of a program development plan include an overall goal, multiple objectives for attaining the goal, and specific activities for each objective. Thus as illustrated in Figure 2, the primary purpose of process evaluation is to periodically assess progress toward completing activities and attaining objectives.

FIGURE 2. PROCESS EVALUATION



Process evaluation provides three clear benefits:

1. If completed at specified intervals, process evaluation helps those implementing a plan to assess progress toward completion (Figure 2). Periodic assessment will show implementers how many of their planned activities have been completed and how close they are to attaining objectives. If a time line was created, process evaluation will also allow them to determine whether activities can be completed and objectives reached by proposed target dates.
2. Process evaluation helps to keep implementers focused on their goal. It is easy, and sometimes unavoidable, to get sidetracked into activities that are nice to do but contribute only marginally to reaching an intended goal. Through process evaluation, implementers can ask themselves periodically whether actions taken during a given time period contributed to their primary goal. If not, they should focus future efforts more carefully on the activities specified in their plan that will allow them to attain objectives and, ultimately, reach their goal.
3. Process evaluation also can provide information that can be used to take corrective action toward fully implementing a plan. If progress is delayed, information generated through periodic assessments will help implementers identify factors that present barriers and activate strategies to overcome those barriers. Without process evaluation, implementers may not recognize lack of progress until it is too late to rectify, may not recognize barriers to progress, and may not make appropriate adjustments to overcome such barriers.

Process evaluation involves process elements and progress indicators that correspond respectively to program objectives and program activities. Process elements are defined as those aspects of program development and implementation that must have been implemented to fully attain overall program goals. Although objectives are usually written in the future tense to indicate what will be done, process elements are written in the past tense to indicate what has been done.

PROCESS ELEMENTS = OBJECTIVES

The authors of this manual identified ten CSHP process elements that must be addressed to develop a CSHP infrastructure by (1) reviewing the

CDC document, *Developing School Health Programs to Prevent Important Health Problems and Improve Educational Outcomes: A Guide for State and Local Educational Agencies* and (2) holding formal and informal discussions, between January 1994 and February 1995, with representatives from the first ten states funded by CDC to establish CSHP infrastructures and with CDC program staff working with these states. These process elements are shown in Table 1. Evaluation procedures for CSHP infrastructure development presented in this manual were designed to assist EA and HA staff to determine whether and to what extent each of the ten process elements was achieved.

Process elements can be further broken down into progress indicators. Progress indicators are the critical steps or tasks, designed based on quality standards, that were followed or completed to attain essential process elements. Activities identified within a program plan are analogous to progress indicators. Activity statements in a plan indicate what will be accomplished. Progress indicators identify what has been accomplished.

PROGRESS INDICATORS = ACTIVITIES

Process indexes that include progress indicators must be developed for each process element as part of planning a process evaluation. Table 2 shows each process element and attendant progress indicators used to make up each process index. Process indexes are tables consisting of process elements and progress indicators that can be used to derive composite scores that express the extent to which program goals are attained. Thus, process indexes are tools for periodic assessment of progress toward CSHP infrastructure development. In this manual, process indexes for the ten process elements form the basis of assessment procedures for use by EA and HA staff.

$$\text{PROCESS ELEMENTS} + \text{PROGRESS INDICATORS} = \text{PROCESS INDEX}$$

TABLE 1. PROCESS ELEMENTS FOR CSHP INFRASTRUCTURE DEVELOPMENT

- 1.** CSHP infrastructure development activities were periodically monitored to determine the degree to which planned objectives were attained.
- 2.** Organizational commitment, including staff and resources, to initiate and maintain an infrastructure for implementing a CSHP was secured in all involved agencies.
- 3.** A plan to coordinate administrative responsibilities and activities between agencies was prepared and implemented.
- 4.** Assessments were performed to determine the status of combined agency funding and authorization, personnel and organizational placement, resources, and communication, as well as child and adolescent health problems in the jurisdiction.
- 5.** Impact measures were monitored to determine the efficacy of the long-range infrastructure plan and activities of the CSHP.
- 6.** Planning and program activities were organized, activated, and coordinated with a coalition and other organizations committed to improving the health of children and adolescents.
- 7.** Program marketing, communication, and promotion strategies were developed and applied.
- 8.** Legislation, regulations, policies, and procedures to enhance CSHP initiatives were prepared and adopted.
- 9.** Training programs and professional development opportunities were provided for agency staff and community constituencies.
- 10.** A long-range plan for infrastructure development, including a goal, objectives, program activities, time lines, and progress and impact measures, was completed and initiated.

Note: The order of these elements is based on input by field reviewers and reflects their experience. The explanation for the order shown is found on pages 16–17. However, the order in which these elements are addressed may vary depending upon local conditions.

TABLE 2. PROCESS ELEMENTS WITH PROGRESS INDICATORS

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1. **CSHP infrastructure development activities were monitored periodically to determine the degree to which planned objectives were attained.**
 - The need to use an internal evaluator, an external evaluator, or both was determined and evaluation support was secured.
 - Appropriate EA and HA staff and managers developed, reviewed, and approved a process evaluation plan including progress indicators and the type and periodicity of measurements.
 - An external panel of experts reviewed the process evaluation plan and the plan was revised.
 - Adequate personnel, time, and resources for performing process evaluation tasks were allocated.
 - The process evaluation plan was implemented.
 - Semiannual and annual monitoring was performed and reports were prepared to determine the extent of program development.
 - The external panel of experts reviewed process evaluation findings, conclusions, and recommendations.
 - Trends in process elements and progress indicators were monitored and program implementation plans adjusted, as needed, to address unfavorable trends.

 2. **Organizational commitment, including staff and resources, to initiate and maintain an infrastructure for implementing a CSHP was secured in all involved agencies.**
 - Program authorization was established and maintained at the highest possible level.
 - Adequate resources for staffing and other program costs and the authority to disperse external funds were acquired.
 - Tasks and time lines were established for the program start-up phase.
 - The organizational level of the positions in the EA and HA was established and organizational charts were revised accordingly.
 - Qualifications for high-level positions were established in both agencies.
 - Standard hiring procedures were followed.
 - Functional program facilities in both agencies were acquired.
 - Functional communication and information technologies were accessed.
 - Essential clerical and other support staff were acquired.

3. A plan to coordinate administrative responsibilities and activities between agencies was prepared and implemented.

- An interagency committee was established to develop a plan for collaboration.
- The interagency committee determined the breadth and scope of responsibilities of both agencies.
- The interagency committee identified and reviewed existing statutes and regulations that might govern or create barriers to an interagency relationship.
- The plan was developed and approved.
- An agreement of understanding to commit both the EA and the HA to the plan was drafted, reviewed, and approved.
- All appropriate administrative and program staff within the EA and HA were informed of the interagency agreement and plan.
- The plan was implemented as designed.
- EA/HA CSHP directors periodically reviewed and revised the plan, as necessary.

4. Assessments were performed to determine the status of combined agency funding and authorization, personnel and organizational placement, resources, and communication, as well as child and adolescent health problems in the jurisdiction.

- The highest level support was secured to conduct a needs assessment.
- Financial and human resources were acquired for conducting the needs assessment.
- A management plan for conducting the needs assessment (including tasks, responsibilities, and time lines) was prepared.
- Assessment questions were developed based on information needed for making decisions during the project period.
- A list of potential data sources, including key audiences, was developed and matched to assessment questions.
- The most efficient methods for gathering required information from each identified data source were determined.
- Data collection and analysis procedures for the needs assessment were approved and implemented.
- A draft report of the needs assessment, including findings, conclusions, and recommendations, was prepared.
- The draft report was circulated for review and comment.
- The final report was published and disseminated to multiple target audiences.

5. Impact measures were monitored to determine the efficacy of the long-range infrastructure plan and activities of the CSHP.

- The need for an internal evaluator, an external evaluator, or both was determined and evaluation support was secured.
- Appropriate EA and HA staff and managers developed, reviewed, and approved an evaluation plan including design, impact measures, and the time frame for data collection.
- An external panel of experts reviewed the evaluation plan and the plan was revised as needed.
- Adequate personnel, time, and other resources for performing evaluation tasks were allocated.
- Baseline and follow-up measures were performed and the validity of measures was established.
- Differences between baseline and follow-up measures were assessed to determine the effectiveness of CSHP infrastructure implementation.
- The external panel of experts reviewed the documented evaluation results.
- Evaluation results were disseminated to stakeholders and incorporated into future plans for developing CSHP infrastructure.

6. Planning and program activities were organized, activated, and coordinated with a coalition and other organizations committed to improving the health of children and adolescents.

- CSHP staff determined whether there was an existing coalition or other organization to promote collaboration on CSHP.
- The organization's mission and activities were reviewed to ensure compatibility with CSHP goals.
- Amounts and sources of organizational resources were determined.
- Authorization to collaborate with the organization was acquired.
- Approval was acquired for initiating a CSHP coalition.
- The EA/HA CSHP infrastructure staff identified appropriate organizations to include in an initial core coalition and invited them to participate in an organizational meeting.
- An organizational and governance structure was established.
- The extent to which member organizations and their representatives were familiar with CSHP was determined.
- Information and training about the CSHP were provided.
- Coalition member organizations were included in the needs assessment as appropriate.
- Findings and recommendations from the needs assessment were made available to coalition member organizations.
- Coalition member organizations were included in developing and implementing a long-range CSHP plan.
- Additional organizations were recruited to broaden the coalition.

7. Program marketing, communication, and promotion strategies were developed and applied.

- A communication working group was established; the group determined the need for marketing and communication activities to develop CSHP infrastructure.
- The goal and objectives of a marketing and communication campaign were determined.
- The need for an internal or external marketing and communication consultant was considered.
- Potential primary and secondary target audiences for an internal marketing and communication campaign, an external campaign, or both were identified.
- Interviews were conducted with members of the potential primary and secondary audiences.
- The primary and secondary audiences were selected.
- Focus groups were conducted, as needed, to gather information from a broader cross-section of the primary and secondary audiences.
- A cost-benefit analysis from the perspective of the primary audience was conducted.
- A communication message that would attract the support of the primary and secondary audiences was prepared.
- The communication program was planned, approved, initiated, and maintained.
- The communication plan was monitored and adjustments were made as needed.

8. Legislation, regulations, policies, and procedures to enhance CSHP initiatives were prepared and adopted.*

- A combined EA/HA working group was established.
- Needs assessment findings, conclusions, and recommendations related to legislation, regulations, policies, and procedures were reviewed for all four infrastructure supports, and priorities for change were established.
- Formal and informal procedures for influencing legislation, regulations, policies, and procedures were identified and documented.
- Key stakeholders within and external to the government that could be affected by changes in legislation, regulation, policies, and procedures were identified and brought into the change process.
- A cohesive action plan with short- and long-term objectives was prepared for the EA/HA working group, other internal stakeholders, and external stakeholders.
- The action plan was coordinated with the communication and marketing campaign, as needed.
- The action plan was reviewed, approved, and implemented.
- A monitoring system was established to track the status of proposed new or revised legislation, regulations, policies, and procedures.
- Periodic status reports were prepared and circulated.

**Recipients of federal funds are prohibited from using appropriated funds for lobbying Congress or any federal agency or indirect "grassroots" lobbying efforts designed to support or defeat legislation pending before state legislatures.*

9. Training programs and professional development opportunities were provided for agency staff and community constituencies.

- A working group for training and professional development was established.
- Training and professional development needs of staff and coalition members were determined and prioritized.
- Multiple strategies for conducting training and professional development activities were identified.
- Financial and human resources needed to conduct training and professional development activities were determined and allocated.
- Training and professional development activities were arranged and a calendar was prepared, published, and distributed.
- Staff members and volunteers from the EA and HA, other agencies, and coalition member organizations were recruited to participate in training and professional development activities.
- Training and professional development activities were conducted and evaluated.
- The impact of training and professional development activities was established and documented.
- Additional training and professional development needs were identified.

10. A long-range plan for infrastructure development, including a goal, objectives, program activities, time lines, and progress and impact measures, was devised and initiated.

- A process was established for developing a long-range plan for infrastructure maintenance.
- A long-term goal, measurable objectives, and priorities were established in collaboration with major stakeholders.
- A CSHP working planning group was established.
- A draft action plan was constructed around the goal and prioritized objectives.
- The draft plan was submitted to EA and HA staff for internal review.
- An opportunity was provided for external review and comment.
- The plan was finalized and approved.
- The plan was initiated.
- Process evaluation procedures were used to monitor implementation of the plan.
- Full implementation was achieved.
- An impact evaluation was completed.

SAMPLE TIME LINE FOR CSHP INFRASTRUCTURE DEVELOPMENT

A sample time line for developing a CSHP infrastructure for three years is presented on page 18. The time line presents the ten process elements in an order representing a logical progression of implementation that culminates in initiation of a long-range plan. However, the process elements need not be implemented in the order shown.

With the exception of *Process Element 4 (needs assessment)*, which terminates, all process elements move into a maintenance phase once implementation is initiated. For most process elements, maintenance means a dynamic continuation of implementation. Thus, attention and resources must be continually devoted to maintaining process elements that have already been implemented as other elements are initiated. Failure to maintain implementation could compromise the entire endeavor or could slow progress. The time line indicates that all process elements are in a maintenance phase by the end of the second year.

Process Element 1, process evaluation, is presented first because it encompasses all objectives and activities of infrastructure development, including those embodied in Process Elements 2–9. Progress toward completion of all objectives and activities should be assessed from the outset.

Process Elements 2 and 3, agency commitment and interagency agreement, appear next and overlap on the time line. These elements should be completed early in the project because they deal with staffing and with establishing working relationships between EAs and HAs (some states or communities also may wish to include one or more additional agencies). Although staffing and formal agreements between agencies do not constitute an infrastructure, they are early milestones that are essential to the project's success.

Process Elements 4 and 5 coincide on the time line. *Process Element 4* calls for completion of a *needs assessment* to be conducted near the beginning of the project. The needs assessment determines the status of CSHP infrastructure supports and contributes information essential to eventual formulation of the long-range plan. Some information collected during this assessment will serve as baseline data for *Process Element 5, impact evaluation*. Hence, the impact evaluation and the needs assessment should be planned together to ensure collection of meaningful baseline data. In addition, impact measures should be established early so that baseline data and impact evaluation data collected several years later relate to meaningful markers of infrastructure institutionalization.

The time line suggests that initiation of *Process Element 6, CSHP coalition establishment*, should coincide with initiation of the needs assessment and the impact evaluation. There are two reasons for this arrangement. First, because a coalition takes time to establish, it makes sense to start this early in the project. Second, coalition members can provide insight for planning the needs assessment, and also can provide data sources for the needs assessment.

Process Element 7 involves marketing and communication; Process Element 8, legislation and regulation; and Process Element 9, staff development. Process Element 10 is the long-range plan. These elements also coincide on the time line, primarily because Process Elements 7, 8, and 9 could be included as integral parts of the long-range plan. They are presented separately because staff members from the infrastructure states initially funded by CDC placed a high level of importance on each element.

For each of Process Elements 7, 8, and 9, the time line shows an interim phase before the preplan phase because circumstances and opportunities may require that CSHP infrastructure staff become involved in interim activities before plans are formulated. Nevertheless, interim activities should be kept to a minimum until a clear, focused plan has been developed, to ensure that efforts needed for such activities contribute

strongly to the goal of institutionalizing CSHP infrastructure.

Process Element 1 appears again after Process Element 10 because by definition, a new plan calls for creation of customized procedures for process evaluation. Some process elements and attendant progress indicators in the procedures of the long-range plan may be similar or identical to those presented in this manual because they relate to similar program objectives and activities. When new objectives and activities are identified in the plan, new process elements and progress indicators should be derived and compiled into process indexes so that periodic assessment can continue.



Once implemented, process elements enter a phase of dynamic maintenance.

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SAMPLE TIME LINE FOR CSHP INFRASTRUCTURE DEVELOPMENT

PROCESS ELEMENT	YEAR 1			
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
1. Process evaluation	Implement	Maintain	→	→
2. Agency commitment	Plan & Implement	Maintain	→	→
3. Interagency agreement	Plan	Implement	Maintain	→
4. Needs assessment		Preplan & Plan	Implement	Implement
5. Impact evaluation		Preplan & Plan	Implement	Implement
6. CSHP coalition establishment		Preplan	Plan	Implement
7. Marketing and communication		Interim*	Interim*	Preplan
8. Legislation and regulation		Interim*	Interim*	Preplan
9. Staff development		Interim*	Interim*	Preplan
10. Long-range plan				Preplan
1. Process evaluation				

*“Interim” indicates activities that may be necessary based on circumstances; however, any major interim activity should be postponed until a plan is completed.

COORDINATED SCHOOL HEALTH PROGRAM

YEAR 2				YEAR 3			
1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
→	→	→	→	→	→	→	→
→	→	→	→	→	→	→	→
→	→	→	→	→	→	→	→
Maintain	→	→	→	→	→	→	→
Implement	Implement	Maintain	→	→	→	→	→
Plan	Plan	Implement	Maintain	→	→	→	→
Plan	Plan	Implement	Maintain	→	→	→	→
Plan	Plan	Implement	Maintain	→	→	→	→
Plan	Plan	Implement	Maintain	→	→	→	→
	Plan	Implement	Maintain	→	→	→	→

